

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: American Express Financial Advisors

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: IDS Tower 10, Minneapolis, MN 55440

Name of Agent Designated to Receive Notification of Claimed Infringement: Sylvia Khatcherian

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): C/O American Express, General Counsel's Office, 200 Vesey Street,

New York, New York, 10285

Telephone Number of Designated Agent: (212) 640-5898

Facsimile Number of Designated Agent: (212) 619-6998

Email Address of Designated Agent: technologies.group.counsel@aexp.com

Signature _____ **Representative of the Designating Service Provider:**

Date: _____

Typed or Printed Name and Title: Steven Norman

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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